

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

29985

FILED SEP 18 1948

State File No. 3552
Registrar's No.

Registration District No. 149

Primary Registration District No. 1402

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community life
years, months or days)

3. (a) PRINT FULL NAME Anna Stumph

3. (b) If veteran, name war - no 3. (c) Social Security No. none

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased July 8 1900
(Month) (Day) (Year)

8. AGE: Years 48 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business At Home

12. Name Edward E. Bräitenstein

13. Birthplace Mo (City, town, or county) (State or foreign country)

14. Maiden name Anna Flanagan

15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Edward Stumph

(b) Address 416 N. Quincy

17. (a) Burial (b) Date thereof 8-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director C.H. Blackman & Son Inc.

(b) Address Kansas City, Mo.

19. (a) 8-30-48 (b) Edward E. Bräitenstein
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 416 No. Quincy
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27
year 1948 hour 8 minute 55 P. M.

21. I hereby certify that I attended the deceased from Aug. 23, 1948 to Aug. 27, 1948,
that I last saw h. er alive on Aug. 27, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus-Fatty metamorphosis of liver

Due to
Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations See above
Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury Med. Dir. Gen'l Hosp.

23. Signature W. W. Hart (M.D. or other) Med. Dir. Gen'l Hosp.
Address Med. Dir. Gen'l Hosp. Date signed 8-30-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. B...

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *OK McFarland*

- - Licensed Embalmer No. *4397*

P. O. Address *Kansas City Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.